

**ATTACHMENT C**  
**EVALUATION SCORE SHEET**  
*TO BE COMPLETED BY MDRS STAFF ONLY*

**CONSULTANT CATEGORY:** \_\_\_\_\_

**VENDOR NAME:** \_\_\_\_\_

CRITERIA	POSSIBLE POINTS	SCORE	WEIGHT	WEIGHTED SCORE
Interview or Performance Evaluation	10		25%	
Work History and Experience	5		25%	
Prior SSA Disability Determination Experience	5		50%	

**VENDOR TOTAL SCORE:** \_\_\_\_\_